

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155359		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/20/2012	
NAME OF PROVIDER OR SUPPLIER  RIVERBEND HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819			
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00106260.</p> <p>Complaint IN00106260 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: April 16, 17, 18, 19, and 20, 2012</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Survey team: Diane Nilson, RN, TC Rick Blain, RN Sue Brooker, RD Angela Strass, RN</p> <p>Census bed type: SNF/NF 38 Total: 38</p> <p>Census payor type: Medicare: 4 Medicaid: 27 Other: 7 Total: 38</p> <p>These deficiencies also reflect state</p>			F0000	<p>This Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law. Date of Compliance: 5/7/2012</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	findings cited in accordance with 410 IAC 16.2.  Quality review 4/24/12 by Suzanne Williams, RN						

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to keep catheter tubing off the floor for a resident (Resident #18), for 1 of 3 residents reviewed for urinary catheters of 12 who met the criteria for urinary catheter use.</p> <p>Findings include:</p> <p>Review of the clinical record for Resident #18 on 4/18/12 at 9:43 a.m., indicated diagnoses included, but were not limited to, acute renal insufficiency, urosepsis, diabetes mellitus, chronic kidney disease, morbid obesity, and severe debility.</p> <p>A physician's order for Resident #18, dated 4/13/12, indicated a Foley catheter due to urinary retention. The physician's order also indicated she</p>		F0315	<p>F 315 Indwelling Catheters and Urinary Incontinence1. The catheter tubing for resident #18 was secured with velcro under the wheelchair and proper placement maintained on April 20, 2012 while the surveyors remained in the building.2. Residents with indwelling catheters were reviewed in an effort to ensure the catheter tubing was secure and proper placement was maintained. All were found in proper placement.3. State licensed staff will be re-educated on the requirement to keep catheter tubing in place. Residents with Foley catheters will be observed on daily clinical rounding to ensure the catheter bag is secured and off the floor.4. Director of Clinical Service or designee will conduct an audit weekly times 4 weeks, then once every 2 weeks, then monthly times 2 months to assure 100% compliance of tube placement .</p>		05/07/2012	

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	<p>received Bactrim DS (antibiotic) 1 tablet on Monday, Wednesday, and Friday as a prophylactic.</p> <p>A facility care plan for Resident #18, dated 2/5/12, indicated the problem area of a UTI (urinary tract infection) with the catheter. Approaches to the problem included, but were not limited to, educate resident regarding infectious process and encourage increased hand hygiene.</p> <p>A facility care plan for Resident #18, with a revision date of 3/15/12, indicated the problem area of Foley catheter. Approaches to the problem included, but were not limited to, monitor tubing free of kinks, obstruction and drainage bag below bladder level, assure drainage bag is covered to maintain and promote privacy, routine Bactrim per order, and Foley catheter care every shift per facility policy. The care plan did not indicate the catheter tubing should be suspended above the floor.</p> <p>During an observation on 4/16/12 at 2:00 p.m., Resident #18 was observed being pushed in her wheelchair from the therapy area to her room by Physical Therapist #2. Her catheter tubing was observed dragging on the floor.</p>			Results of the reviews will be forwarded to the facility Risk Management Quality Improvement (RMQI) for further review and recommendations .			

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	<p>During an observation on 4/18/12 at 12:55 p.m., Resident #18 was observed being pushed in her wheelchair from the dining room to her room by Certified Nursing Assistant (CNA) #3. Her catheter tubing was observed dragging on the floor.</p> <p>During an observation on 4/18/12 at 2:05 p.m., Resident #18 was observed seated in her wheelchair in her room watching television. Her catheter tubing was observed resting on the floor.</p> <p>During an observation on 4/18/12 at 2:55 p.m., Resident #18 was observed being pushed in her wheelchair from the therapy area to her room by Physical Therapist #2. Her catheter tubing was observed dragging on the floor.</p> <p>During an observation on 4/19/12 at 1:28 p.m., Resident #18 was observed being pushed in her wheelchair from the dining room to her room by CNA #4. Her catheter tubing was observed dragging on the floor.</p> <p>The Director of Nursing was interviewed on 4/20/12 at 9:45 a.m.</p>						

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	<p>During the interview she indicated the catheter tubing should be suspended underneath her wheelchair and should not drag on the floor.</p> <p>A current facility policy "Catheter Care", with a revision date of 10/05 and provided by the Director of Nursing on 4/20/12 at 9:58 a.m., indicated "...Position catheter and drainage bag below the level of the resident/patient bladder to facilitate flow of urine...Position drainage bag from view or cover with a privacy bag...." The policy did not indicate the catheter tubing should not drag on the floor.</p> <p>3.1-41(a)(2)</p>						

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F0463 SS=D	<p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>Based on observation, interview, and record review, the facility failed to assure one of 38 resident call lights (Resident #7) were functioning.</p> <p>Findings include:</p> <p>1. During interview with Resident #7, at 8:50 a.m., on 4/17/12, the resident indicated he had to wait a long time for his call light to be answered, and the call light did not work. The call light was observed laying on the floor, under the resident's bed. The resident's roommate's light was activated at this time, and CNA #1 came into the resident's room to answer the call light. She picked up the pressure type call light for Resident #7, which was laying on the floor under the resident's bed, and laid it on the bed within the resident's reach. The resident attempted to activate the call light, but it did not work. The CNA attempted to activate the call light, and it didn't function. The Maintenance Director came into the resident's room at 9:28 a.m., on 4/17/12, and attempted to activate the</p>		F0463	<p>F 463 Resident call system-rooms/toilet/bath1. Resident #7 call light was replaced with a new call light on 4/17/2012. The facility completed an audit of all call lights in the building to assure they were properly working.2. No other residents were affected by the alleged deficient practice. Complete audit of call lights was conducted on 4/17/2012.3. ED will re-educate the facility maintenance department on conducting preventative maintenance rounds weekly related to the call light system monitoring and maintenance. The facility interdisciplinary team will conduct daily room reviews to ensure call light system is functioning properly, any identified concerns with the call light will be immediately reported to maintenance for corrective action. The facility maintenance will conduct weekly QA reviews of residents call light system and report findings to the ED for further review and recommendations The facility Call light audits will be completed weekly times four weeks and then every two weeks times 2 months. Then monthly times 2 months to achieve 100%</p>		05/07/2012	

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	<p>call light, and it would not work. He attached another call light, a pressure bulb type call light, but the resident could not activate the call light. The Maintenance Director then left the room and returned a short time later with another pressure sensitive call light and the resident was able to activate the call light.</p> <p>A document, provided by the Administrator, regarding the nurse call system, was reviewed at 2:18 p.m., on 4/19/12. The Administrator indicated this document was the policy used by the facility for checking call lights. The document indicated the following:</p> <ul style="list-style-type: none"> <li>Check wall station in each patient room and repair as necessary;</li> <li>Check call cords in bathrooms and shower rooms;</li> <li>Verify lights are operable above patient room doors. Replace bulbs and repair as necessary.</li> </ul> <p>The Administrator also supplied a log which indicated "conduct a test of the nurse call system" which indicated the most recent check was completed on 3/31/12. The Administrator indicated there was no way of telling which call lights were checked, but the tests were conducted monthly.</p> <p>3.1-19(u)(1)</p>				<p>compliance Audits will be completed by Administrator or designee.4. Results of the reviews will be forwarded to the facility Risk Management Quality Improvement (RMQI) for further review and recommendations .</p>		



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	3.1-19(u)(2)						